Attachment 1:

Goals and Principles for Public Health Preparedness and Response Planning Project

Goals

As part of a national effort, Washington's public health officials will create a public health system that is better prepared to respond to emergencies and public health threats. This matter is urgent and requires swift action.

We will identify gaps and take action to strengthen the public health infrastructure at local, regional and state levels.

We will demonstrate that we have improved our ability to address critical capacities and benchmarks set forth by the federal government.

Guiding Principles

State and local health leadership jointly adopted the following guiding principles. These principles will direct the work plans and actions called for in the Centers for Disease Control Cooperative Agreement for Public Health Preparedness and Response Planning.

Capacity needed at all levels

1. Preparedness must extend to all people who live in our state. Capacity for establishing and maintaining preparedness should be developed at all levels of government: local, regional and state.

Communication

2. Continuous, two-way communication is essential between local and state health offices and will be maintained throughout the process of improving emergency preparedness.

3. The Department will establish a state-local project oversight group to monitor project timelines and accomplishments, to assure efficient use of resources and avoid duplication. Participants will include Department staff, plus local health and hospital representatives. This group will meet more frequently and be more engaged in the details of the planning effort than the State Advisory Committee called for by CDC.

Assessment, Planning and Action

4. Assessment efforts will employ standard tools across the state so that we can build regional and state plans based on common data, and so that we will have comparable information in the future.

5. High priority issues may be identified before a comprehensive statewide assessment is completed. Some of these needs may be addressed immediately, if they are based

on prior assessments. However, it is expected that the state and regional work plans will be built on assessment efforts and all investments tied to clearly demonstrated needs.

6. The initial grant application will not be a perfect document, and should be considered a preliminary planning tool. We expect to make adjustments to best meet the needs demonstrated statewide through assessment and experience gained.

7. Teams developing initial work plans for the grant application should use all available information but should not attempt to predict assessment outcomes or the appropriate capacity of regions. Instead, they should seek to define parameters, describe levels of performance expected, note coordination needs and make links to benchmarks.

8. There must be demonstrated accountability to enhanced preparedness through addition of new federal resources, but we encourage multiple uses of these new personnel and assets in order to strengthen the whole public health system.

Local

9. The impact of any event is felt first at the local level. Every local health jurisdiction, to be prepared for emergencies, must assess local needs and develop a written response plan. Funding is needed to support this effort.

10. LHJs are expected to exercise leadership in planning coordination. Local plans must be coordinated with local hospitals, emergency management services, and other emergency responders. Plans must be tested locally, across these sectors and should be included in local EMD plans (ESF 8.)

11. While local plans will be unique, they will be built on standard assessment tools. Local plans are expected to "roll up" to help create regional plans.

12. The basic planning framework desired is locally driven. The state work plan should not restrict local planning through excessive directives, but let proven needs guide local plans.

Regional

13. Regional effort is important because there is not sufficient resource to meet needs at every local level. Coordination within regions is essential to reduce unnecessary duplication of effort and encourage sharing of resources.

14. Regional capacity and regional needs vary based on the region's complexity, previous efforts in emergency preparedness, size, assets, geographic location, and proximity to borders.

15. Regional resources will be provided and used to boost capacity across regions. Staff will be based in local lead health jurisdictions. Regional offices will serve to a) set priorities, b) develop mutual aid agreements within and between regions, and c)

provide assistance to each local jurisdiction in the area. Regional staff will coordinate efforts with the state offices and between regions; expectations for coordination also apply to single county regions.

16. Regional efforts will be provided funds from the initial allotment for this grant. Additional funding will follow based on needs and plans that result from assessment findings. Initial regional and local funding is not a guarantee of future fund allocations.

17. Regional plans will incorporate local plans and regional plans will "roll-up" to provide the basis for the state plan.

State

18. The state Department of Health (DOH) has responsibility to ensure that grant requirements are met and will serve as primary contact with granting agencies.

19. State capacity will be built for areas that require statewide effort and for coordination to ensure integrated planning. DOH will provide a structure and process to create coordinated planning, and will provide direct assistance to regions.

20. The overall state plan will incorporate local, regional and state plans for improved emergency response, assuring that implementation activities are consistent with locally demonstrated needs.